

North Carolina Department of Transportation  
DIVISION OF MOTOR VEHICLES  
**DRIVER & VEHICLE SERVICES**  
Raleigh, North Carolina 27697-0001

**APPLICATION FOR:  
MOTOR VEHICLE LICENSE PLATE AGENCY**

☐ County    ☐ Chamber of Commerce    ☐ Town/Municipality

1. Office Location: \_\_\_\_\_ Date: \_\_\_\_\_

2. County Manager ☐  
Board Chairperson ☐  
Town Clerk ☐ \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

3. Mailing Address: \_\_\_\_\_  
(STREET & NUMBER OR RFD) (CITY) (COUNTY) (STATE) (ZIP CODE)

4. Tax ID#: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

5. Have you had any experience in motor vehicle title work? Yes ☐ No ☐

6. Do you plan to operate agency in conjunction with another business? Yes ☐ No ☐ If "Yes," explain other business:

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7. Give proposed office location with a description of the facility and available parking: \_\_\_\_\_

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8. FINANCIAL STATEMENT OR ATTACH FINANCIAL STATEMENT:

ASSETS: \_\_\_\_\_

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LIABILITIES: \_\_\_\_\_

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**CERTIFICATION BY APPLICANT**

I hereby certify that all answers and statements in this application are true. I am aware that should any investigation disclose misrepresentation or falsification, I shall be disqualified for consideration for the position of Commission Contractor and/or Manager.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_